

2003 WISCONSIN SSI ANNUAL ELIGIBILITY REVIEW

Important: Do not throw this form away - return required
Muy importante: Si usted no puede traducir esta noticia - por favor busque a
alguien que se la pueda traducir
Tseem ceeb heev: Tsis txhob muab daim ntawv no pov tseg - yuav tau xa rov qab

You are required to complete this form and return it to the address below by **November 7, 2003**. **Failure to return this completed form will result in your termination from the Wisconsin Supplemental Security Income (SSI) and Medicaid programs.**

Return the completed form in the enclosed preaddressed stamped envelope or mail or fax to:

Wisconsin Department of Health and Family Services
P.O. Box 6680
Madison, WI 53716-0680
Fax: (608) 221-0991

Every year, the State of Wisconsin must redetermine your SSI and Medicaid eligibility and payment amount, or your eligibility for Medicaid only, for the next year. The information you provide on this form will help us do this for 2003. If you are not currently receiving a state SSI payment, complete this review for future eligibility.

If you need assistance, you may ask a friend or relative to help you complete this form. If you are age 60 years old or older, your county Aging Department can help you. You may also call our state SSI office at 1 (800) 362-3002.

Respond to the following questions as appropriate.

A. Living Arrangement

Yes No

- ☐ ☐ 1. Do you still receive SSI related mail at the address stated at the top of this page?
If "No", write your complete address.

(Address - Street and Apartment Number)

(City, State, Zip Code)

(Area Code and Telephone Number)

- ☐ ☐ 2. Have you moved out of Wisconsin? If "Yes", what date did you move? _____
(mm/dd/yyyy)

Yes No

- ☐ ☐ 3. Do you live in a nursing home with more than eight beds?
If "Yes", what date did you enter the nursing home? _____
(mm/dd/yyyy)
- ☐ ☐ 4. Are you currently in jail or prison? If "Yes", what date did you enter the jail or prison? _____
(mm/dd/yyyy)
- ☐ ☐ 5. If the SSI recipient indicated on page 1 has passed away, give the date of death. _____
(mm/dd/yyyy)
- ☐ ☐ 6. Have you married, separated, or divorced during 2003? If "Yes", check the appropriate response.
☐ Married ☐ Separated ☐ Divorced Date: _____
(mm/dd/yyyy)

B. Income and Assets

Yes No

- ☐ ☐ 1. Do you currently have a total of more than \$2,000 in cash or in your checking and savings account?
If "Yes", how much? \$ _____
2. Estimate how much you will earn in 2003 from work income. \$ _____
3. Where did you work in 2003? _____

Note: The state will verify your wage information with other state and federal agencies.

C. You Must Sign and Date Below

I understand that anyone who knowingly makes, or causes to be made, a false statement or representation of material fact that is used in determining a right to payment under the state SSI program commits a crime under state law. I affirm that to the best of my knowledge all information provided on this form is true and that the estimates requested have been made in good faith and to the best of my ability.

I also understand and acknowledge that the state Department of Health and Family Services is authorized to request any information that is appropriate and necessary for the proper administration of assistance programs authorized under Wisconsin law. Any person, including financial institutions, credit reporting agencies, employers, or educational institutions are authorized to release this information.

SIGNATURE - Person Completing This Review

Date Signed

In case of questions regarding information on this review, indicate the telephone number where you may be contacted.

(Area Code and Telephone Number)